

Compliance With the Legislation of the Smoking Cessation Clinic in Turkey

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Abstract

OBJECTIVES: The number of smoking cessation outpatient clinics (SCCs) is increasing day by day in Turkey. The objective of this study is to evaluate the situation of smoking cessation clinics in our country.

MATERIALS AND METHODS: The SCC list was obtained from the website of the Ministry of Health of the Republic of Turkey. A total of 305 centers from 80 cities were called by telephone, and a questionnaire including questions about polyclinics was directed to SCC employees whose verbal consent was obtained.

RESULTS: Of the 305 SCCs, 183 could be reached, 33 of which did not provide outpatient services. A questionnaire was directed to 146 SCCs. A total of 347 doctors work in these centers. Of these 146 SCCs, 69 (47.3%) accepted patients with appointments and 77 (52.7%) accepted patients directly. The specializations of physicians in the SCCs were as follows: 84 (57.5%) were chest disease specialists, 30 (20.5%) were general practitioners, 10 (6.8%) were psychiatrists, 12 (8.2%) were other branch physicians, 6 (4.1%) were family physicians, and 3 (2.1%) were public health physicians. A total of 125 (85.6%) physicians working in SCCs received smoking cessation training. Only 35 (24%) SCCs have one or more provincial tobacco control members. Eighty (54.8%) SCCs had a separate SCC room, 74 (50.7%) had a waiting room for the patients, and 63 (43.2%) had a carbon monoxide (CO) measurement device in the SCC.

CONCLUSION: All physicians in Turkey are able to provide smoking cessation services, but the chest physicians are mostly responsible for this task. In addition to increasing the number of SCCs, it is very important to increase the quality and comply with the standards.

KEYWORDS: Smoking cessation, smoking cessation clinic, Turkey

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INTRODUCTION

World Health Organization (WHO) defines smoking as the leading cause of preventable diseases. According to the Global Adult Tobacco Survey in Turkey, unfortunately, 27.1% of adults (14.8 million adults) still use tobacco products [1]. Approximately 4.9 million people worldwide die every year as a result of smoking. If the smoking epidemic continues this way, it is expected that this number will reach 10 million by 2020 [2].

Nicotine addiction treatment is the responsibility of all physicians. Physicians need to be the role models for their patients by not smoking, and they should be able to support each step of the way to start with primary health care. Beyond providing offering smoking cessation approach, smoking cessation outpatient clinics (SCCs) are also helpful to create public awareness, especially to prevent young people from starting smoking. In addition to reducing mortality and morbidity attributed to smoking related diseases, SCCs are helpful in reducing smoking prevalence in the population, meaning a reduction in the population that will potentially influence the young population for starting smoking. SCCs give the message that smoking is dangerous for health and necessities to quit.

Smoking cessation outpatient clinics (SCCs) are the easiest and most effective ways for smoking cessation. In addition, in SCCs specialized in the smoking cessation process, close monitoring, good motivation, and psychiatric support increase the likelihood of success. The British consensus has indicated that behavioral therapy with pharmacological treatment when needed as well as specialized cigarette outpatient clinics should be established wherever possible [3]. Based on scientific evidence, it has also been observed that for those who want to quit smoking, it is more effective to apply to specialized SCCs primarily. Although there is no need for a large amount of resources to establish SCCs, it is obvious that opening a makeshift polyclinic would be meaningless, considering the overloaded outpatient service in our country. The

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most important factor for establishment of SCCs is the trained human power [4]. The team in a SCC should be composed of a nonsmoker, volunteer physician, a psychologist, and health personnel who believes in the fight against tobacco.

The Framework Convention on Tobacco Control was adopted unanimously by the member countries at the 2003 General Assembly meeting of the WHO. The Framework Convention on Tobacco Control was confirmed by the Parliament in 2004 and has become the domestic legislation of Turkey. Five years after the adoption of the Framework Agreement, the MPOWER (Monitor-Protect-Offer-Warn-Enforce-Raise) package was published by WHO as a guide for the countries as a guide for their fight against tobacco. In the MPOWER package, the component, OFFER (Offer help to quit tobacco use) aims to provide support for people to quit smoking. People believe they can quit smoking with the help of SCCs. SCCs play an active role with many aspects according to the Framework Convention on Tobacco Control by providing treatment, educating the public, and taking part in provincial tobacco control (PTC) boards [4, 5].

A SCC is one of the basic elements in fight against tobacco. The first SCC in our country was established in Uludağ University in 1992. Although the number of SCCs in 2009 was 62, 305 SCCs were registered with the Ministry of Health in 2013 [4, 6]. The Ministry of Health of the Republic of Turkey has published regulations about “the treatment of tobacco dependence and training units” on March 23, 2011. In this regulation, a work flow chart of SCCs has been provided and the minimum requirements have been stated. The core staff of the clinics was defined as a physician, a psychologist, and an assistant health staff [7]. In this study, we aimed to evaluate the current number of SCCs by a survey and evaluate their compliance with the regulations of Ministry of Health in Turkey. To the best of our knowledge, no study has been conducted on this subject recently in Turkey.

MATERIALS and METHODS

Ethics Committee Approval of the study was taken on August 14, 2014 (ANNEX.2014/53). The list of SCCs was taken from

the website of the Ministry of Health of the Republic of Turkey. A total of 305 SCCs in the list were called by phone [8]. Each center that could not be reached was called by phone at least three times. Those who could not be reached in the third call were not included in the study. Of 305 SCCs, 183 agreed to participate in survey. A survey which contained questions related to their polyclinics was conducted with SCC personnel who could be reached by phone and had verbal informed consent. The survey consisted of 12 questions to determine whether the SCCs have met the requirements of the “Regulation on Tobacco Addiction Treatment and Training Units” (Table 1).

Statistical Analysis

The results of the survey were analyzed using a statistical software package program Statistical Package for the Social Sciences for Windows, version 15.0, (SPSS Inc., Chicago, IL, USA). The percentage distribution of the survey data was evaluated by column charts.

RESULTS

Of 305 centers, 183 SCCs were reached by telephone. It was learned that 33 (18%) polyclinics could not serve for various reasons. Employees in the four SCCs did not agree to participate in the survey. Thus, this survey was conducted in 146 SCCs.

There were no doctors in some of the 146 SCCs, whereas there was more than one physician in some SCCs. Therefore, there

Table 1. Questions in the questionnaire

Questions in the phone-based survey

Question 1: Does your smoking cessation work actively?

Question 2: Do you have an appointment for your smoking cessation clinic?

Question 3: Does your physician work in your pollution cessation pollution?

Question 4: What are the branches of doctors working in smoking cessation polyclinic

Question 5: Do the physicians who work in smoking cessation polyclinics have smoking cessation training? Is there a certificate?

Question 6: Are the physicians who work in smoking cessation polyclinics a member of the Provincial Tobacco Control Group?

Question 7: Do you have a separate room for smoking cessation outpatient clinic?

Question 8: Do you have a waiting room for patients in your smoking cessation outpatient clinic?

Question 9: Do you have a CO measurement device in your smoking cessation outpatient clinic?

Question10: Is public education given to patients besides the individual education in smoking cessation outpatient clinic?

Question 11: Who works at the smoking cessation outpatient clinic?

Question 12: How many days a week do you work in smoking cessation polyclinic?

MAIN POINTS

- The compliance of smoking cessation clinics with current regulations in Turkey is evaluated.
- Mostly chest physicians (57%) followed by general practitioners (20%) are in charge of smoking cessation clinics in Turkey. Roughly half of the SCCs have a separate polyclinic room, and a separate waiting room.
- Less than half of the SCCs can work with pre-appointment and provide educational material in their clinical practice.
- Almost 1/5 of the registered SCCs to Ministry of Health are not active for various reasons. Very small amount of SCCs met the minimum standards for working personnel team.
- Offering smoking cessation service is an important component of tobacco control in a countrywide level. Precaution should be taken to increase both the number and the quality of the SCCs for Turkey.

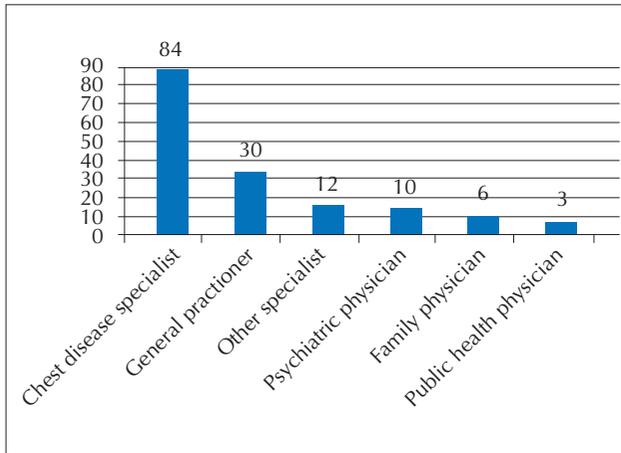


Figure 1. Distribution of specialties of doctors working in smoking cessation outpatient clinics

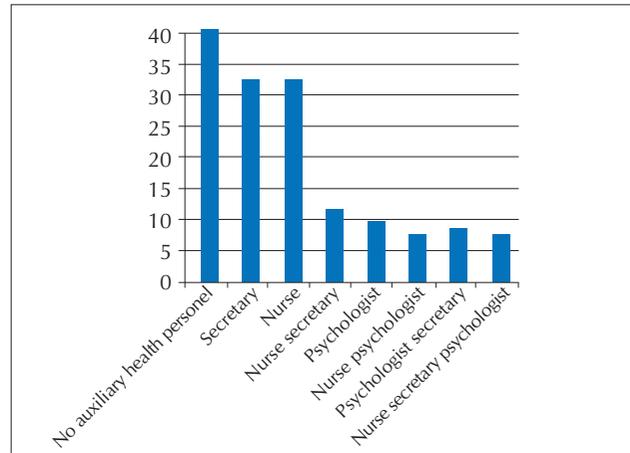


Figure 2. Distribution of assistive personnel working in smoking cessation outpatient clinics

Table 2. Physical condition of smoking cessation outpatient clinics (SCCs)

	Yes, n (%)	No, n (%)
SCC working with a pre-appointment?	69 (47.3)	77 (52.7)
Is there a separate polyclinic room for SCC?	80 (54.8)	66 (45.2)
Is there a separate waiting room for SCC?	74 (50.7)	72 (49.3)
Is there any educational material (brochure or magazines) available for patients?	61 (41.8)	85 (58.2)
Is there a carbon monoxide measurement device?	63 (43.2)	83 (56.8)
Separate training session provided besides individual interview	64 (43.8)	82 (56.2)

SCC: smoking cessation clinic

were 146 SCCs actively working, but the total number of physicians working in those SCCs was 145. The specialization of physicians working in SCCs were as follows: 84 (57.5%) of them were chest diseases specialists, 30 (20.5%) were general practitioners, 10 (6.8%) were psychiatrists, 12 (8.2%) were other branch physicians, 6 (4.1%) were family physicians, and 3 (2.1%) were public health physicians (Figure 1).

It was found that 125 (86.2%) physicians in SCC received a training for smoking cessation approach, while 17 (11.7%) physicians did not receive smoking cessation education, and 3 (2.1%) SCC physicians did not know their education status. When questioned about the PTC membership of the doctors of the SCCs, it was found that 24% (35) SCCs with one or more physicians were members of PTC.

When the distribution of assistive personnel working in SCCs was examined, we found that there were no assistive health care personnel in 40 (27.4%) centers. Nurses were working in 32 (21.6%) centers, the secretaries were accompanying in 32 (21.6%) centers, whereas the core staff (nurse, secretary, psychologist) were found only in 7 (4.8%) centers (Figure 2).

Sixty-nine (47.3%) SCCs were working with pre-appointment. The number of centers providing on-site training before the interview with the physician was 64 (43.8%). Although 80 (54.8%) SCCs had a separate polyclinic room, we learned that 45.2% of the centers were using a common polyclinic room shared with other activities. Separate waiting

rooms and training materials (brochures, TV, billboards, posters etc.) related to smoking cessation were available in 74 (50.7%) centers and 61 (41.8%) centers, respectively. The number of SCCs that had a carbon monoxide (CO) measuring device was 63 (43.2%) (Table 2). When we looked at the SCCs' activity days, we learned that 103 (70.5%) centers were working 5 days a week, whereas 29 (19.9%) centers were active only one day in a week.

DISCUSSION

Activities to improve infrastructure of SCCs were completed by November 2011 in Turkey, and a regulation was published by the Ministry of Health. Article 9 of this regulation states that a SCC can be established with minimum standard equipment and personnel [7]. According to those regulations, there should be a separate polyclinic room, a separate waiting room, and freely available educational materials. In this study, of those 146 SCCs that participated in the study, around half of them (54.8%) had a separate polyclinic room, and similarly half of them (50.7%) had a separate waiting room for the patients. Only, 41.8% were able to provide educational material in their clinical practice. Despite the presence of 305 SCCs registered with the Ministry of Health, almost 1/5 (18%) of the 183 outpatient clinics were not active for various reasons.

Although every physician who was trained in smoking cessation approach can work in a SCC, in our study, we

observed that 57% of the physicians enrolled were chest diseases specialists, 20.5% were general practitioners, and 6.8% were psychiatrists. Since no other study conducted on this subject in Turkey is not available, we are not able to make conclusions based on comparisons between before and after the 2011 regulations were announced by the Ministry of Health. Although the service given by a chest disease specialist was in 57.5% of SCCs in our study, Bostan et al. [9], reported that the percentage of smoking cessation polyclinics with the chest diseases specialists was 39.5%. In addition, in this study, SCC training has been found to increase smoking cessation activity. According to the SCC legislation, the physician who will work in the SCC is required to receive training. In this study, 125 (85.6%) physicians in SCCs were trained.

Although according to the legislation for SCCs there should be at least one physician, a health personnel, a secretary, and a psychologist, in 27.4% of the centers enrolled in our study, only physicians worked in the center and only 4.8% [7] of the centers met the minimum standards for working personnel team.

The best work style for SCCs is working with pre-appointment because people who are determined to quit smoking are more likely to quit smoking. In this study, we observed that only less than half (47.3%) of the centers were working with appointment, which is not in line with the current regulations. Although there are 305 SCCs registered with the Ministry of Health in the Republic of Turkey and 14.8 million smokers, unfortunately, 18% of the registered SCCs were found to be closed. We also observed that while most of the SCCs (70.5%) were working 5 days a week, ~20% were only active once a day in a week.

The annual success rate of SCCs ranges from 23% to 48% in various studies conducted in our country [10-17]. However, the annual smoking cessation rates were not questioned in these studies since smoking cessation rates were not the primary outcomes examined in each SCCs [18].

There are several limitations and strengthens of our study. SCCs were called by telephone. The outpatient clinics that had been called thrice at different times and could not be reached were not included in the study. This might have caused an underestimation of the overall picture. On the other hand, we were able to reach and evaluate almost ~60% (57.2%) of the currently active SCCs in Turkey. These data provided by our study reflects the compliance status of SCCs in Turkey.

In conclusion, in order to be successful in the fight against tobacco, it is necessary to increase the number of SCCs as well as their quality. Although the amount of working staff was standardized by the legislation published in November 2011, the adaptation to this legislation in the routine clinical practice was low in this study. Because there is no centralized study on the infrastructure of SCCs in the Republic of Turkey, there is a need for extensive studies including employees' smoking status, smoking cessation rates, and treatment modalities.

Ethics Committee Approval: Ethics committee approval was received

for this study from the ethics committee of Adana City Education and Research Hospital, ANNEX.2014/53.

Informed Consent: The verbal informed consents were taken by phone, since the questionnaire was applied by phone interview to the volunteers this study.

Peer-review: Externally peer-reviewed.

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